## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

008 312 - 030917 7

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN . ENTITY
TOTAL CLAIMS			20	20				RATE	FEE	٦¨	RATE	FEE
FOR .				NUMBER FILED		NUMBER EXTRA		BASIC FE	<del></del> -	O OR	BASIC FEI	<del></del>
Ţ	OTAL CHARGE	EABLE CLAIMS	60 minus 20=		. 40			X\$ 9=		OR	Y242	7.20
iΝ	DEPENDENT (	CLAIMS	12	minus 3 =	•			X43=	<del>                                     </del>	7	Voc	120
М	ULTIPLE DEPE	ENDENT CLAIM I	PRESENT			$\square$					700-	<del> </del>
* If the difference in column 1 is less than zero					"0" in		' !	+145=	ļ.	OR	+290=	290
			•	MENDED - PART II				TOTAL	<u></u>	OR	TOTAL	1780
	<u> </u>	(Column 1)	HINENDE	(Colun	nn 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		· X\$ 9=	1	OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		1	. 200	
							L	TOTAL		OR	+290=	
		A	DDIT. FEE		OR ,	ADDIT. FEE						
		(Column 1)										
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** .		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= .	  -			l <sup>on</sup> l		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=		OR	X86=	
								+145=		OR	+290=	•
								TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	
		(Column 1)		(Columi		(Column 3)			• •			• .
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=			X\$18=	725
	independent	*	Minus	***		=	$\vdash$			OR		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	X43=		OR	X86=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
!!	the "Highest Nur	nber Previously Pai mber Previously Pa ber Previously Paid	id For" IN THI id For" IN THI	S SPACE is le	ess than	20, enter "20."		TOTAL DIT. FEE		OR AL	TOTAL DOIT, FEE	
		•	•	,	,	g To. / Idina Cir	. 56110	uic appi	Opinate DUX	ar colum	ur I.	